

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

Leura Garrett Canary
US Attorney
P.O. Box 197
Montgomery, AL 36101-0197

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leura*

Agent
 Addressee

B. Received by (Printed Name) *Leura*C. Date of Delivery *9/20/07*

Is the delivery address different from item 1? Yes
enter delivery address below: No

07cv 739
Scx proord

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7007 1490 0000 0026 6435

Domestic Return Receipt

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

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